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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RICHARD HOWZE 13 Civ. 3237(JMF)(AJP)

AMENDED COMPLAINT

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

JOHN SANCHEZ (MANAGER OF ASSOCIATED
SUPERMARKET)

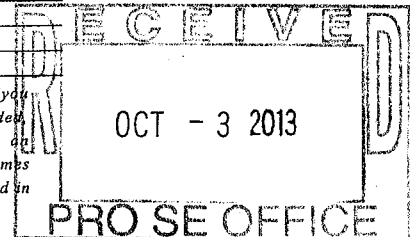
OFFICER KEITH HALL
OFFICER WENDY ROJAS

DR. JEAN RICHARD (PRISON HEALTH SERVICES)

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name RICHARD HOWZE
ID # 360-130-0226 OLD#349-1213-869
Current Institution AMKC C-95
Address 18-18 HAZEWN ST.
E. ELMHURST NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name JOHN SANCHEZ Shield # N/A
Where Currently Employed ASSOCIATED SUPERMARKETS
Address 2444 7th ave NEW YORK, NY 10030

Defendant No. 2 Name OFFICER KEITH HALL Shield # 156742
 Where Currently Employed 32nd PRECINT
 Address W. 135th st NEW YORK, NY 10030

Defendant No. 3 Name WENDY ROJAS Shield # N/A
 Where Currently Employed 32nd PRECINT
 Address W. 135th st NEW YORK, NY 10030

Defendant No. 4 Name DR. JEAN RICHARD Shield # _____
 Where Currently Employed AMKC C-95
 Address 18-18 HAZEN ST. E. ELMHURST NY
11370

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
NOT APPLICABLE

B. Where in the institution did the events giving rise to your claim(s) occur?
NOT APPLICABLE

C. What date and approximate time did the events giving rise to your claim(s) occur?
MARCH 5, 2012 at 8:15 am

Facts: ON MARCH 5, 2012 AT APPROX. 8:15 am
 WHILE I WAS SHOPPING IN THE ASSOCIATED SUPERMARKET
 LOCATED AT 2444 7th ave NEW YORK, NY 10030.
 AS I WAS WALKING TOWARDS THE ATM MACHINE TO
 WITHDRAW MONEY TO PAY FOR MY ITEMS DEFENDANT
 JOHN SANCHEZ APPROACHED ME SMELLING STRONGLY OF
 ALCOHOL, AND SAID IN A SLURRED VOICE "WE DON'T
 SERVE YOU FAGGOTS AND HOMOS IN HERE" I GOT ANGRY
 AT HIS COMMENTS CONCERNING MY SEXUALITY AND TOLD
 TO GO FUCK HIMSELF. I SET MY ITEMS DOWN AND TRIED
 TO LEAVE THE STORE TO AVOID ANY FURTHER PROBLEMS
 BUT MR SANCHEZ REFUSED TO ALLOW ME TO LEAVE.
 IN FACT HE HELD A WEAPON OF SOME SORT THREATENING
 TO ATTACK ME IF I TRIED TO GET BY HIM. HE THEN
 CALLED THE POLICE WHEN THEY ARRIVED I TRIED TO
 EXPLAIN THAT MR SANCHEZ WAS DRUNK AND SHOULD BE
 GIVEN A BREATHALIZER BUT MY REQUEST WAS
 IGNORED AND I WAS FALSELY ARRESTED AND FALSELY
 IMPRISONED. THE CHARGES WERE EVENTUALLY DISMISSED
 BUT DUE TO THE FALSE CHARGES LODGED AGAINST ME IN A
 FUTURE INCIDENT I WAS DENIED BAIL AND REMANDED.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. DUE TO THE FALSE ARREST BECAUSE OF THE FALSE ALLEGATIONS OF MR SANCHEZ I SUFFERED FROM FEAR)F SHOPPING WHICH HAD IMPACTED ME BEING ABLE TO CARE FOR MYSELF FOR FEAR I WILL BE AGAIN BE THE VICTIM OF WHAT IS BASICALLY A HATE CRIME. BECAUSE OF THE IMPRISONMENT I LOST MY PLACE OF EMPLOYMENT, NUMEROUS IRREPLACABLE PERSONAL ITEMS. MY HEALTH WAS PLACED IN JEOPARDY BECAUSE INMATES WERE NOT PROPERLY SCREENED BY THE MEDICAL STAFF.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

FACTS (PAGE 3) CONTINUED.....

BECAUSE OF THE FALSE ARREST , FROM THE FALSE ACCUSATION BY THE DEFENDANT JOHN SANCHEZ, BOTH BEING ILLEGAL AND IN VIOLATION OF MY CONSTITUTIONAL RIGHTS TO BE FREE FROM UNLAWFUL IMPRISONMENT, DISCRIMINATION, AND THE PRODUCT OF CRUEL AND UNUSAL PUNISHMENT.

THE DEFENDANT MR. SANCHEZ WHO CLEARLY WAS INTOXICATED, LET HIS RACIST OPINION OF GAY MEN SEND HIM INTO A HOMOPHOBIC RAGE CAUSING HIM TO CALL THE POLICE WITH THE SOLE PURPOSE OF CAUSING HARM, AND HUMILIATION TO THE PLAINTIFF. ALTHOUGH THE TWO POLICE OFFICERS WERE ONLY ACTING IN THEIR PROFESSIONAL CAPACITY I FEEL THAT THEY SHOULD HAVE AT LEAST HEEDED TO MY REQUEST TO GIVE THE DEFENDANT A BREATHALIZER TEST.

INJURIES(PAGE3) CONTINUED.....

MY HEALTH AND SAFTY WAS PUTMIN FURTHER JEPORDY IN THE COUNTY JAIL BY UNCARING AND IN ATTENTIVE HEALTH CARE WORKERS WHO FOR LACK OF PROPER SCREENING ALLOWED INMATES WHO WRER INFECTED WITH CHICKEN POX TO BE PLACED IN DORMS WITH OTHEREINMATES . DR. JEAN RICHARD's AND STAFF SHOWED SUCH DELIBERATE INDIFFERENCE TO OTHER PRISONERS HEALTH THAT IT FORCED THE DPLAINTIFF TO ENDURE CRUEL AND UNUSUAL PUNISHMANT BY HAVING TO BE ISOLATED UNTIL THE MEDICL STAFF COULD SCREEN EVERYONE WHO CAME INTO CONTACT WITHTHE INFECTED INMATE.

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). NOT APPLICABLE

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes _____ No * Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No * Do Not Know _____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes _____ No * NOT APPLICABLE

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No _____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

NOT APPLICABLE

1. Which claim(s) in this complaint did you grieve? _____

NOT APPLICABLE

2. What was the result, if any? _____

NOT APPLICABLE

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

WITH RESPECT TO MY CLAIM OF CONSTITUTIONAL VIOLATIONS THERE IS NO GRIEVANCE SYSTEM PRESENT AT AMKC TO ADDRESS MY ISSUES SO I CONTACTED PRISONER'S RIGHT'S

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

THIS FACILITY IS NOT IN COMPLIANCE WITH THE DIRECTIVE PERTAINING TO THE APPEAL PROCESS.

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: NOT APPLICABLE

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. THIS CLAIM DOES NOT INVOLVE THE GRIEVANCE PROCESS

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). PLAINTIFF SEEKS DAMAGES FROM THE DEFENDANTS NAMED HEREIN IN THEIR INDIVIDUAL AND OFFICIAL CAPACITIES, FOR PAIN AND SUFFERING. IN THE AMOUNT OF 2.5 MILLION DOLLARS, AND PUNITIVE DAMAGES IN THE AMOUNT OF 2.5 MILLION DOLLARS, AND FINAL COMPENSATORY DAMAGES IN THE AMOUNT OF 1 MILLION DOLLARS FOR THE TOTAL SUM OF 6 MILLION DOLLARS. AND I ASK THAT THIS COURT ORDERS DEFENDANT JOHN SANCHEZ FROM FILING FALSE POLICE REPORTS JUST TO SATISFY HIS DISCRIMINATORY ATTITUDE TOWARDS THOSE WHOSE SEXUAL PREFERENCES DIFFER FROM HIS. AND THAT THE POLICE INQUIRE FURTHER BEFORE MAKING SUCH ARBITRARY ARRESST. AND THAT DR. RICHARD BETTER TRAIN HIS STAFF TO PROTECT OTHER INMATES FROM CONTACTING CHICKEN POX AND OTHER THINGS THAT COULD BE EASILY AVOIDED

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

On these claims

Yes No *

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff NOT APPLICABLE

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ☒ No _____

On
other
claims

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff RICHARD HOWZE

Defendants CAPTAIN BELL et al

2. Court (if federal court, name the district; if state court, name the county) _____

HAVE NOT RECIEVED AN ANSWER TO MY CLAIM AS OF YET

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7 day of SEPTEMBER, 2013

Signature of Plaintiff

Inmate Number OLD# 349-1213-869 NEW# 360-130-022

Institution Address 18-1 HAZEN ST.
E. ELMHURST NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 7 day of SEPTEMBER, 2013, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:



ALAN HOUZ
360-43-00226
18-18 HAZEN ST.
E. Elmhurst, N.Y.
11370

USM
P3
SDNY

PROSECUTOR

U.S. District Court
Southern District of New York
500 Pearl St Rm. 230
New York, N.Y. 10007

